PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

U.S. Patent and Trademark Office U.S. DEPARTMENT. OF COMMERCEC

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute for Form PTO-875								10/565,945			17/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OR		HER THAN ALL ENTITY
	FOR		NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	300
$\boxtimes$	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A		]	N/A	400
$\boxtimes$	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A			N/A		1	N/A	200
TO (37	TAL CLAIMS CFR 1.16(i))		10 minus 20 =		• 0		П	x \$ =		OR	X \$50 =	0
INE	EPENDENT CLAIN CFR 1,16(h))	is	1 m	1 minus 3 = •		5		x \$ =		1	X \$200 =	0
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$2 add	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			pplication size fee due Il entity) for each r fraction thereof. See						
$\boxtimes$	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						П			1		360
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		J	TOTAL	1260
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOU: PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())		Minus	**			П	x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))	•	Minus	***			П	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column		(Column 3)						
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Ш	Total (37 CFR 1,18(i))	•	Minus				П	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.18(h))		Minus	***			П	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))						П			1		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
										OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "of in column 3.  Legal Instrument Examiner:  "If the "Highest Number Pervolusy Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Pervolusy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Pervolusy Paid For IN THIS SPACE is less than 3, enter "3".  For instrument Examiner:  **EVA GILLIS**  LEGAL INSTRUMENT EXAMINED THE STATE OF THE STATE												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS